

ADMINISTRATIVE INDICATORS & GUIDANCE
Review Year July 2008 through June 2009

The Guidance is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, a GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Administrative Indicators and Guidance

A1	ADMINISTRATIVE ISSUES	GUIDANCE
A1-01	<p>All Board Meetings and Minutes comply with SC's Freedom on Information Act.</p> <p>*Board Providers Only</p>	<p>Review Governing Board minutes for the review period to determine whether:</p> <ul style="list-style-type: none"> • Meetings were held in public. • A quorum (simple majority) must be present and took part in voting on action items. • Voting must be taken in public, not in executive session. • Written public notice of regular meetings must be given at the beginning of each calendar year to include the dates, times, and places of such meetings. • For special meetings, written notice of time, place and agenda must be given at least 24 hours in advance. • Emergency meetings are the exception and can be held on a moment's notice. However, the purpose must clearly be for an emergency. • Boards should notify persons or organizations and the press if they ask for notification. This effort and how it was made should be documented in the minutes. • Written minutes should be kept of all public meetings and should clearly document all actions taken by the Board. • The Governing Board documents reasons for Executive Sessions as stipulated by law. <p>Source: Contract for ... Capitated Model; Contract for ... Non-Capitated Model</p>
A1-02	<p>Training is provided to members of the governing board and their participation is documented.</p> <p>*Board Providers Only</p>	<p>Provider Board members are provided training from a qualified outside entity concerning board functions and responsibilities. The training must occur at least every three years or sooner if there is a change in majority of the board members since the last training.</p> <p>Source: Contract for ... Capitated Model, Article, S. Supports CQL Organizing Principles S6, S7.</p>
A1-03	<p>For those for whom outlier status has been approved due to the need for enhanced staff support, the Board / Provider provides the additional support as outlined in the approved request.</p>	<p>Using the staffing schedule approved by SCDDSN, determine from staff schedules (100% sample for the last quarter of the year in review) and time sheets (showing hours actually worked) if the enhanced staff support was provided.</p> <p>MOA DDSN/HHS</p>
A1-04	<p>For those for whom outlier status has been approved due to the need for 1:1 staff support, the Board / Provider provides the additional support as outlined in the approved request.</p>	<p>Using the staffing schedule approved by SCDDSN, determine from staff schedules (100% sample for the last quarter of the year in review) and time sheets (showing hours actually worked) if the enhanced staff support was provided.</p> <p>Source: MOA DDSN/DHHS</p>

A1	ADMINISTRATIVE ISSUES	GUIDANCE
A1-05	The Board / Provider has a Human Rights Committee that is composed of a minimum of 6 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed).	<p>Review Board / Provider Policy regarding the Human Rights Committee. Review membership of the Board / Provider's Human Rights Committee to ensure that membership consists of the required persons and that none are employees or former employees. Membership should reflect cultural, racial, and disabilities diversity. Exceptions to the minimum and composition must be approved by the Associate State Director, Policy.</p> <p>Note: If the Board / Provider uses a Regional Center's Human Rights Committee or has a Memorandum of Agreement with a local board, this indicator is compliant.</p> <p>*Apply the Admin. Indicators regarding Human Rights Committee and Risk Management to all Providers</p> <p>Source: South Carolina Code Ann. 44-26-70 (Supp. 2007) and 535-02-DD Supports CQL Basic Assurances - A7.</p>
A1-06	The Human Rights Committee will provide review of Board / Provider practices to assure that consumer rights are protected.	<p>Review Board / Provider HRC policy to assure that its defined role and responsibilities are consistent with those set forth in DDSN policy 535-02-DD. Review Board / Provider HRC meeting minutes (100% sample) to determine if the HRC is fulfilling the role and responsibilities as set forth in its policy. Review Board/ Provider HRC meeting minutes/training records (100% sample) to determine if the HRC members have received training as described in DDSN policy 535-02-DD.</p> <p>*Apply the Admin. Indicators regarding Human Rights Committee and Risk Management to all Providers</p> <p>Source: 535-02-DD Supports CQL Basic Assurances - A7.</p>
A1-07	The Board / Provider employs Service Coordination staff who meet the minimum requirements for the position.	<p>Review all Service Coordinators hired during the review period, all SC Assistants, 25% or 5 experienced Service Coordinators (hired prior to review period) and all Service Coordinator Supervisors. Determine from personnel records if the minimum requirements for employment were met or if an exception to the requirement was granted by SCDDSN. Refer to SCDDSN Service Coordination Standards for educational and vocational requirements.</p> <p>Source: DDSN Service Coordination Standards</p>
A1-08	The Board / Provider employs Early Intervention staff who meet the minimum requirements for the position.	<p>Review all EIs hired during the review period, 25% or 5 experienced EIs (hired prior to review period) and all EI Supervisors. Determine from personnel records if the minimum requirements for employment were met or if an exception to the requirement was granted by SCDDSN. See Early Intervention Standards for educational, vocational and credentialing requirements.</p> <p>Source: EI Manual</p>
A1-09	Service Coordination staff receive initial and ongoing training as required.	<p>Review personnel files to determine if training occurred as required. Review all Service Coordinators hired during the review period, all SC Assistants, 25% or 5 experienced Service Coordinators (hired prior to review period) and all Service Coordinator Supervisors. Refer to Service Coordination Standards and SCDDSN Policy 534-02-DD regarding staff training related to abuse, neglect and exploitation.</p> <p>Source: DDSN Service Coordination Standards Supports CQL Organizing Principles- S6, S7.</p>

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A1-10	Early Intervention staff receive initial and ongoing training as required.	<p>Review personnel files to determine if training occurred as required. Review all EIs hired during the review period, 25% or 5 experienced EIs (hired prior to review period) and all EI Supervisors to ensure that they received initial and ongoing training as documented in their personnel file or records maintained by the EI Supervisor.</p> <p>Source: EI Manual Supports CQL Organizing Principles- S6, S7.</p>
A1-11	Board / Provider implements a risk management and quality assurance program consistent with 100-26-DD and 100-28-DD	<p>Board / Provider demonstrates implementation of risk management/quality assurance principles by:</p> <ul style="list-style-type: none"> • designated risk manager and a risk management committee; • written policies/procedures used to collect, analyze and act on risk data • documentation of remediation taken • correlating risk management activities with quality assurance activities. <p>*Apply the Admin. Indicators regarding Human Rights Committee and Risk Management to all Providers</p> <p>Source: 100-26-DD and 100-28-DD Supports CQL Organizing Principles Q1, Q3, Q4</p>
A1-12	Board / Provider follows SCDDSN procedures regarding preventing, reporting and responding to abuse / neglect / exploitation as outlined in 534-02-DD.	<p>Board / Provider demonstrates usage of the most current abuse/neglect/exploitation county profile data report to:</p> <ul style="list-style-type: none"> • evaluate provider specific trends over time • evaluate/explain why the provider specific ANE rate is over, under or at the statewide average • demonstrate systemic actions to prevent future abuse/neglect/exploitation <p>Source: 534-02-DD Supports CQL Basic Assurances - A2.</p>
A1-13	Board / Provider adheres to procedures regarding initial response to reports of abuse / neglect / exploitation.	<p>Board / Provider demonstrates the following conditions are met for all abuse/neglect/exploitation reviews:</p> <ul style="list-style-type: none"> • alleged victim is safe, free from harm and intimidation • alleged victim receives prompt medical treatment if injured. • alleged perpetrator immediately placed on administrative leave (if alleged perpetrator known). • notification of the allegation was made to the service coordinator and parent/guardian/primary correspondent based on contact information in the consumer's plan. <p>Source: 534-02-DD Supports CQL Basic Assurances - A2.</p>
A1-14	The Board / Provider follows SCDDSN procedures regarding responding to abuse / neglect / exploitation	<p>Board / Provider demonstrates the following conditions are met for all abuse/neglect/exploitation reviews:</p> <ul style="list-style-type: none"> • alleged victim provided with follow up support and assistance • identified actions intended to prevent future abuse/neglect/exploitation are implemented and evaluated. <p>Source: 534-02-DD Supports CQL Basic Assurances - A2.</p>
A1-15	Board / Provider follows SCDDSN procedures regarding preventing, reporting and responding to critical incidents as outlined in 100-09-DD.	<p>Board / Provider demonstrates usage of the most current critical incident county profile data report to:</p> <ul style="list-style-type: none"> • evaluate provider specific trends over time • evaluate/explain why the provider specific CI rate is over, under or at the statewide average • demonstrate systemic actions, as applicable, to prevent future incidents <p>Source: 100-09-DD Supports CQL Basic Assurances - A2. and Organizing Principles- Q1, Q3, Q4</p>
A1-16	The Board / Provider	Board / Provider demonstrates the following conditions are met for critical incidents

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	follows SCDDSN procedures regarding responding to critical incidents.	<p>as applicable:</p> <ul style="list-style-type: none"> • consumer was provided with follow up support and assistance as required • identified actions are implemented and evaluated. • notification of the incident was made to the service coordinator and parent/guardian/primary correspondent based on contact information in the consumer's plan <p>Source: 100-09-DD Supports CQL Basic Assurances - A2. and Organizing Principles- Q1, Q3, Q4</p>
A1-17	Board / Provider follows SCDDSN procedures regarding death or impending death as outlined in 505-02-DD.	<p>Board / Provider demonstrates usage of the most current death county profile data report to:</p> <ul style="list-style-type: none"> • evaluate provider specific trends over time • evaluate/explain why the provider specific death rate is over, under or at the statewide average • demonstrate systemic actions, as applicable, to prevent future occurrences <p>Source: 505-02-DD Supports CQL Organizing Principles- Q3, Q4</p>
A1-18	Board / Provider follows SCDDSN procedures regarding responding to death or impending death as outlined in 505-02-DD	<p>Board / Provider demonstrates implementation of procedures by:</p> <ul style="list-style-type: none"> • notification of the incident was made to the service coordinator and parent/guardian/primary correspondent based on contact information in the consumer's plan • for unexpected/unpredicted deaths, identified actions are implemented and evaluated to prevent future deaths from similar causes <p>Source: 505-02-DD Supports CQL Organizing Principles- Q3, Q4</p>
A1-19	Board / Provider has explicit procedures for providing care under emergency situations (i.e., severe weather) and for back up in the event that usual care is unavailable.	<p>Review Board / Provider's procedures for providing care under emergency situations and request information on the Board / Provider's back-up plan in the event that the usual care is unavailable. Review documentation for entire review period of provider emergency drills to assure they are being conducted in accordance with the policy. This applies to emergency readiness including fire and tornado drills as well as evacuation policies and procedures. Reference DDSN Policy 100-25-DD Disaster Preparedness Plan and Other Agencies Providing Services to Persons with Disabilities and Special Needs.</p> <p>EI / Service Coordination Only service providers are responsible for having a Disaster Preparedness Plan that documents how they will ensure continuity of care in the event of a natural disaster. EI/ Service Coordination Only providers are not responsible for conducting drills.</p> <p>Source: 100-25-DD Supports CQL Basic Assurances - A4 and Organizing Principles- S9.</p>
A1-20	Upper level management staff of the Board / Provider conduct quarterly unannounced visits to all residential locations across all shifts including weekends, to assure sufficient staffing and supervision are provided.	<p>When a residential setting does not utilize a shift model for staffing (e.g. CTH I and SLPI) visits need only to be conducted quarterly and include weekends. Upper level management staff should not directly supervise the staff of the home and should not be responsible for the development of the residents' plans. If the provider employs more than one "residential coordinator" a coordinator may visit the homes managed by another coordinator. Documentation of the visit must include the date and time of the visit, the names of the staff/caregivers and residents present, notation of any concerns and actions taken in response to noted concerns.</p> <p>Source: Contract...Capitated Model Article III, Section V. Supports CQL Organizing Principles- L6, L7.</p>

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A1-21	Board / Provider keeps records secure and information confidential.	<p>Determine if records are maintained in secure locations. Look for evidence that confidential information is kept confidential. Consider the following:</p> <ul style="list-style-type: none"> • Are any records in public areas or in areas that are not secure including lying on desks in empty offices, etc? • Is personal information in conspicuous locations or posted in common areas? • Is information about one person found in another person's file? • Are records/information provided or released without consent including by the phone? • Are fax machines in public areas and incoming/outgoing information left by/around the machine? • Are staff heard discussing information about clients in restrooms, hallways, etc. in a manner that clearly identifies the person about whom they are speaking? <p>Source: 167-06-DD</p>
A1-22	Board / Provider has an established procedure for using feedback from the consumer / family satisfaction surveys to improve and expand services.	<p>Review the results of the most recent consumer/family satisfaction survey and look for evidence of changes in services and/or policy in accordance with the results if warranted. If changes in services and/or policy were not made as a result of information obtained through the consumer satisfaction survey, request documentation supporting why the change could not/did not occur.</p> <p>Source: Contract for ...Capitated Model</p>
A1-23	For persons who receive Rehabilitation Supports (facility based or individual), a Lead Clinical Staff attends and chairs a staff meeting at least monthly during which administrative and consumer treatment issues are considered.	<p>Review documentation to determine if staff meetings were held at least monthly and were attended by the LCS or LSS. Documentation of the meeting should reflect:</p> <ul style="list-style-type: none"> • Topics reviewed (ex. Risk Management per DDSN Policy 100-26-DD; Quality Assurance per DDSN Policy 100-28-DD; DDSN Policy 105-01-DD Consumer Review Outline, etc.); • Actions/Recommendations; • Date of meeting; and • List of participants. <p>Documentation of the meeting should be identified as "Monthly Administrative Review" and maintained in the Administrative Day record. If not met, document review period dates and date range out of compliance*</p> <p>Source: Rehabilitation Supports Manual</p>
A1-24	Board / Provider conducts all residential admissions / discharges in accordance with 502-01-DD.	<p>Review all "Community Residential Admissions/Discharge Reports" submitted to DDSN. Review relevant supporting documentation to assure all of the admissions/discharge criteria stipulated in 502-01-DD were met. Compare against relevant STS to assure dates of admission/discharge are accurately reported on "Community Residential Admissions/Discharge Reports" submitted to DDSN.</p> <p>Source: 502-01-DD</p>

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A1-25	<p>Needs of persons identified by QPL Providers are given equal access to the Individual Family Support funds and state funded respite services.</p> <p>*Board Providers Only</p>	<p>Needs of individuals are prioritized based on when requests are received. All requests are reviewed on needs identified and not based on which provider requested the funding. Reviewer should determine if QPL provider requests are given the same priority as those requests that are received from within the DSN Board. The DSN Board should provide the names of QPL Providers which they have contracts with who provide Early Intervention or Service Coordination. Reviewer should contact the identified QPL providers to determine if they have submitted Family Support requests for funding and if they knew funds were available for their consumers.</p> <ul style="list-style-type: none"> • Board / Provider should be processing Family Support stipend requests in accordance with their approved Plan. • Family Support Stipend Plan must be in compliance with Department Directive 734-01-DD. • Review documentation of approvals of requests to determine that individual consumers and family income was properly considered. • Review documentation to determine that Board / Provider is exhausting all local resources prior to approving requests for Family Support funds. • Contact other Providers receiving Family Support funds from Board under review to confirm their ability to access funds. • Check accounting records to assure participation of non-Board Providers in the Family Support funds. • Assure that private Providers are given access to funds for the consumers they serve. • Assure that Boards are adhering to approved limits for families in distributing funds. <p>Source: 734-01-DD Supports CQL Organizing Principles- L3, L4, S3, & S4.</p>
A1-26	<p>Annually, employees are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.</p>	<p>Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model</p>
A1-27	<p>Service Coordination providers must have a system that allows access to assistance 24 hours daily, 7 days a week.</p>	<p>Source: SC Standards, Section II, 3, B</p>

A2	FISCAL ISSUES	GUIDANCE
A2-01	<p>Comprehensive Financial Reports are presented at least quarterly to the Governing Board with a comparison to the approved budget.</p> <p>*Board Providers Only</p>	<p>Review Governing Board minutes for evidence that the Board approves the budget and reviews Financial Reports on a quarterly basis.</p> <p>Source: Contract for ...Capitated Model and Contract for Non-Capitated Model Supports CQL Basic Assurances - A8.</p>
A2-02	<p>Annual Audit Report is presented to Governing Board once a year and includes the written management letter.</p> <p>*Board Providers Only</p>	<p>Review Governing Board minutes to determine if the final annual audit report and any management letter comments are presented by the external auditor or CPA to the Governing Board.</p> <p>Source: 275-04-DD Supports CQL Basic Assurances - A9.</p>
A2-03	<p>The person's financial responsibility is made known to them by the Board / Provider.</p> <p>*Board Providers Only</p>	<p>Determine that a Statement of Financial Rights exists and was completed when the person was admitted to the residential program. This form should be signed by the person or his/her parent, guardian, or responsible party.</p> <p>Supports CQL Basic Assurances - A6, A10.</p>
A2-04	<p>Board assets and resources are insured by the Board. Liability Insurance and Directors & Officers Insurance are also required.</p> <p>Non-Board Providers must have Tort Liability, Workman's Compensation, unemployment and automobile insurance for vehicles owned by provider.</p>	<p>Review copies of insurance policies (tort liability, vehicular, etc.) to verify that coverage is in place.</p> <p>Source: Contract for ...Capitated Model and Contract for Non-Capitated Model</p>
A2-05	<p>Insurance types and amounts are reviewed and approved by the Governing Board.</p> <p>*Board Providers Only</p>	<p>Review Board minutes to determine review and approval of insurance coverage by the Governing Board.</p>